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CONFIRMATION NO. 9531

<b>SERIAL NUMBER</b> 10/723,486	<b>FILING OR 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> 1166/71117
<b>APPLICANTS</b> Kenneth F. DeFreitas, Patterson, NY; Baorui Ren, Andover, MA; Chris Ruth, Danvers, MA; Ian Shaw, Yorktown Heights, NY; Andrew P. Smith, Lexington, MA; Jay A. Stein, Boston, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/305,480 11/27/2002 PAT 7,123,684				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 56
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 6		
<b>ADDRESS</b> 79697				
<b>TITLE</b> X-RAY MAMMOGRAPHY WITH TOMOSYNTHESIS				
<b>FILING FEE RECEIVED</b> 6506	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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